The social mobilization sub-committee prepared additional posters and sticker for the third round, and radio and TV stations as in the first and second rounds were making announcements for the third round.

As it was planned, Vit. A supplementation was included in the third round of the Mass Immunization Campaign in all the vaccination points.

According to a joint statement of the Ministry of Public Health of Afghanistan, the World Health Organization and UNICEF, the second and third rounds of the Mass Immunization Campaign ended successfully, reaching more than twice as many children in Afghanistan as the first round. Over 2.3 million children under age of five years and almost 750,000 mothers were vaccinated in these two rounds. The response of the people in every area was enthusiastic whether in Kabul or Mazar-i-sharif, Jalalabad or Herat, Faizabad or Kandahar, Ghazni or Bamyan, Khost or Faryab. The details of the result of the first, second and third rounds of the Campaign by region/province, by target population and by antigen is shown in the annex A (page 1, 2 and 3) and annex B (page 1, 2, 3 and 4).

14. Acknowledgement:

The Ministry of Public Health of Afghanistan thanked all those participating in the Mass Immunization Campaign in Afghanistan, especially the major support of World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) and the donation from the Islamic Republic of Iran, the United Nations Office for Coordination of Humanitarian Assistance for Afghanistan (UNOCHA) and the Government of the Federal Republic of Germany. The Ministry of Public Health of Afghanistan also lauded the numerous other UN agencies and NGO's who cooperated during the planing and implementation of the Mass Immunization Campaign. The Minister of Public Health expressed gratitude to the Afghan leaders in every region for their praiseworthy efforts assisting with arrangements for transportation and security for the vaccination sessions. The BBC radio services were edited for their coverage of the campaign with announcements and news items which spread information to every corner of Afghanistan and were effective in bringing the people to the vaccination posts on time. All the radio, TV, and newsprint media, in every region and internationally, such as the Wahdat, Frontier Post, News International, the Muslim, the Pakistan Times the Iran radio, and the VOA radio, were also mentioned and applauded.

Finally, the Ministry of Public Health encouraged full participation of the nation in future mass immunization campaigns and in the future for the ongoing routine immunization services for the health and benefit of the children of Afghanistan.

ANNEX A (PAGE 1)

FINAL RESULT OF THE MASS IMMUNIZATION COMPAIGN IN AFGHANISTAN ROUND 1 - 2 - 3

Antigen / Region	Total Population	Measles for 9-23 Months			DPT for 6 weeks-23 Months			TT for 15-44 yrs Women			OPV for under 5 children			Iodine for Women & Childre			Vitamin A for 6-59 Months		
		Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3
Eastern Region																			
Nangarhar	1.040.729	5.343	5.061	2.843	0	18.850	11.660	4.105	20.381	12.841	53.132	238.574	184.684	0	0	0	43.912	0	120.287
Laghman	433.530	2.652	2.080	1.549	0	7.563	5.289	3.162	8.851	4.974	37.363	64.123	56.314	0	0		30.396	0	27.796
Kunar	348.959	809	1.154	320	0	3.834	1.677	1.854	3.218	1.472	14.809	45.702	45.927	0	0		13.891	0	31.773
Sub-total	1.823.217	8.804	8.295	4.712	0	30.247	18.626	9.121	32.450	19.287	105.304	348.399	286.925	0	0	0	88.199	0	179.856
Northern Region																			
Balkh	794.171	43.336	3.850	0	0	64.577	63.580	29.236	80.979	64.338	63.752	143.599	116.397	0	58.616	0	61.630	0	123.215
Samangan	380.284	5.432	8.593	0	0	22.308	16.681	2.506	10.255	9.892	8.967	50.353	54.431	0	0	0	5.432	0	43.751
Jawzjan	821.169	21.533	2.017	0	0	21.546	20.795	9.063	20.361	18.582	40.077	44.273	30.661	0	0	0	17.153	0	24.088
Faryab	814.065	31.090	4.624	0	0	59.144	96.766	17.075	66.123	53.797	35.746	95.129	137.758	0	0	0	21.456	0	146.785
Saripul	0	4.600	13.124	0	0	16.519	29.588	2.700	5.824	28.719	7.800	77.488	82.348	0	0	0	8.500	0	24.940
Sub-total	2.809.689	105.991	32.208	0	0	184.094	227.410	60.580	183.542	175.328	156.342	410.842	421.595	0	58.616	0	114.171	0	362.779
Western Region																			
Herat	943.678	27.905	21.738	0	0	78.771	80.316	41.688	96.130	90.588	294.730	485.968	483.819	0	0	0	303.367	0	346.821
Farah	456.624	3.068	6.258	0	0	19.976	15.596	4.400	24.636	18.184	18.617	106.152	106.823	0	0	0	0	0	50.081
Badghis	325.915	2.977	7.161	0	0	14.632	16.411	3.361	11.130	11.212	19.461	46.744	50.393	0	0	0	8.277	0	46.745
Ghor	471.549	0	1.530	0	0	2.441	0	0	3.024	0	0	24.188	0	0	0	0	0	0	0
Sub-total	2.197.767	33.950	36.687	0	0	115.820	112.323	49.449	134.920	119.984	332.808	663.052	641.035	0	0	0	311.644	0	443.647
Centeral Region																			
Kabul	2.340.019	81.432	0	0	0	109.774	186.476	82.854	140.817	148.334	132.909	203.920	285.223	0	0	0	104.819	0	237.397
Parwan	571.308	29.559	0	0	0	26.561	29.959	18.169	29.317	41.790	61.194	52.072	97.507	0	0	0	24.336	0	38.689
Kapisa	482.391	11.264	0	0	0	20.533	25.893	8.156	26.348	21.433	29.165	102.800	45.163	0	0	0	13.246	0	52.166
Logar	301.764	13.636	3.895	0	0	4.356	0	14.541	10.048	0	33.393	35.862	0	0	0	0	23.934	0	0
Wardak	409.909	0	7.950	0	0	11.428	0	0	24.722	0	0	43.946	0	0	0	0	0	0	0
Bamyan	374.608	1.687	0	0	0	0	0	1.753	0	0	4.918	0	0	0	0	0	4.548	0	0
Sub-total	4.480.000	137.576	11.845	0	0	172.654	242.328	125.473	231.252	211.557	261.579	438.600	427.893	0	0	0	170.883	0	328.252

ANNEX A (PAGE 2)

FINAL RESULT OF THE MASS IMMUNIZATION COMPAIGN IN AFGHANISTAN ROUND 1 - 2 - 3

Antigen / Region	Total Population	Measles for 9-23 Months			DPT for 6 weeks-23 Months			TT for 15-44 yrs Women			OPV for under 5 children			Iodine for Women & Childre			Vitamin A for 6-59 Months		
		Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3
Southern Region																			
Kandahar	802,121	20,724	19,391	17,821	0	36,180	43,870	20,834	33,544	38,307	36,276	88,661	83,463	0	0	0	34,221	0	75,588
Zabul	250,228	548	8,254	2,523	0	7,552	5,413	1,400	7,600	5,532	1,551	20,706	8,590	0	0	0	1,341	0	11,060
Oruzgan	608,848	2,265	9,867	1,841	0	7,659	4,778	798	7,988	14,106	2,335	38,992	17,837	0	0	0	2,350	0	21,047
Helmand	722,170	2,939	7,708	1,140	0	10,840	4,340	1,901	18,608	13,755	3,231	28,085	25,157	0	0	0	3,118	0	34,472
Nimroz	144,581	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	2,527,948	25,476	45,220	23,325	0	62,231	58,401	24,933	67,740	71,700	43,393	176,444	135,047	0	0	0	41,030	0	142,167
South Eastern Region																			
Ghazni	879,593	8,094	11,888	0	0	33,694	23,021	17,961	53,900	35,340	19,287	98,567	101,728	0	0	0	14,994	0	78,577
Paktya	674,396	4,742	5,704	0	0	9,853	10,854	12,739	30,183	21,684	10,715	57,016	101,286	0	0	0	7,500	0	76,872
Paktika	341,421	0	17,308	174	0	19,384	35,396	0	9,152	28,550	0	56,023	50,213	0	40,719	0	0	0	47,482
Sub-total	1,895,412	12,836	34,900	174	0	62,931	69,271	30,700	93,235	85,574	30,002	211,606	253,227	0	40,719	0	22,494	0	202,931
North Eastern Region																			
Badakhshan	693,957	8,219	3,127	0	0	19,154	28,116	8,094	27,122	25,583	11,412	39,759	58,840	0	8,696	0	11,203	0	0
Baghlan	689,030	14,447	27,484	0	0	27,183	36,820	11,133	18,532	21,431	24,405	84,246	49,789	0	0	0	14,859	0	55,562
Kunduz	774,894	0	11,643	11,643	0	14,925	14,928	0	10,880	10,990	0	34,022	34,022	0	0	0	0	0	0
Takhar	727,892	0	0	0	0	0	0	0	0	0	0	9,620	9,620	0	0	0	0	0	0
Sub-total	2,885,773	22,666	42,254	11,643	0	61,262	81,864	19,227	56,534	58,004	35,817	167,647	152,271	0	8,696	0	26,062	0	55,562
Total	18,619,806	348,301	211,409	39,854	0	689,239	810,223	319,483	799,673	741,434	965,245	2,416,590	2,317,993	0	108,031	0	774,483	0	1,715,214

ANNEX A (PAGE 3)

FINAL RESULT OF THE MASS IMMUNIZATION COMPAIGN IN AFGHANISTAN ROUND 1 - 2 - 3

Antigen / Region	Total Population	Measles for 9-23 Months			DPT for 6 weeks-23 Months			TT for 15-44 yrs Women			OPV for under 5 children			Iodine for Women & Childre			Vitamin A for 6-59 Months		
		Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3
Eastern	1,823,217	8,804	8,295	4,712	0	30,247	18,626	9,121	32,450	19,287	105,304	348,399	286,925	0	0	0	88,199	0	179,856
Northern	2,809,689	105,991	32,208	0	0	184,094	227,410	60,580	183,542	175,328	156,342	410,842	421,595	0	58,616	0	114,171	0	362,779
Western	2,197,767	33,950	36,667	0	0	115,820	112,323	49,449	134,920	119,984	332,808	663,052	641,035	0	0	0	311,644	0	443,647
Central	4,480,000	137,576	11,845	0	0	172,654	242,328	125,473	231,252	211,557	261,579	438,600	427,893	0	0	0	170,883	0	328,252
Southern	2,527,946	26,476	45,220	23,325	0	62,231	58,401	24,933	67,740	71,700	43,393	176,444	135,047	0	0	0	41,030	0	142,167
South Eastern	1,895,412	12,836	34,900	174	0	62,931	69,271	30,700	93,235	85,574	30,002	211,606	253,227	0	40,719	0	22,494	0	202,931
North Eastern	2,885,773	22,666	42,254	11,643	0	61,262	81,864	19,227	56,534	58,004	35,817	167,647	152,271	0	8,696	0	26,062	0	55,582
Total	18,619,806	348,301	211,409	39,854	0	689,239	810,223	319,483	799,673	741,434	965,245	2,416,590	2,317,993	0	108,031	0	774,483	0	1,715,214

ANNEX B (PAGE 1)

Mass Immunization Campaign in Afghanistan
Coverage of the Eligible population in the 1st, 2nd and 3rd rounds

Antigen / Region	Total Population	Measles Coverage for 9-23 Months				DPT Coverage for 6 weeks-23 Months			TT Coverage for 15-44 yrs Women			OPV Coverage for under 5 children		
		Rnd1	Rnd2	Rnd3	Total	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3
Nangarhar	1,040,729	17.1%	16.2%	9.1%	42.4%	0.0%	30.0%	18.5%	2.1%	10.5%	6.6%	30.6%	137.2%	106.2%
Laghman	433,530	20.4%	16.0%	11.9%	48.3%	0.0%	28.9%	20.2%	3.9%	10.9%	6.1%	51.6%	88.5%	77.7%
Kunar	348,959	7.7%	11.0%	3.1%	21.8%	0.0%	18.2%	8.0%	2.8%	4.9%	2.3%	25.4%	78.4%	78.8%
Sub-total	1,823,217	16.1%	15.2%	8.6%	39.9%	0.0%	27.5%	16.9%	2.7%	9.5%	5.7%	34.6%	114.4%	94.2%
Northern Region														
Balkh	794,171	181.9%	16.2%	0.0%	198.1%	0.0%	134.6%	132.5%	19.7%	54.6%	43.4%	48.0%	105.2%	87.7%
Samangan	380,284	47.6%	75.3%	0.0%	122.9%	0.0%	97.1%	72.6%	3.5%	14.4%	13.9%	14.1%	79.2%	85.7%
Jawzjan	821,169	87.4%	8.2%	0.0%	95.6%	0.0%	43.4%	41.9%	5.9%	13.3%	12.1%	29.2%	32.3%	22.3%
Faryab	814,065	127.3%	18.9%	0.0%	146.2%	0.0%	120.3%	196.8%	11.2%	43.5%	35.4%	26.3%	69.9%	101.3%
Saripul	0	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR
Sub-total	2,809,689	125.7%	38.2%	0.0%	164.0%	0.0%	108.5%	134.0%	11.5%	35.0%	33.4%	33.3%	57.5%	89.8%
Western Region														
Herat	943,678	98.6%	76.8%	0.0%	175.4%	0.0%	138.2%	140.9%	23.6%	54.5%	51.4%	186.9%	308.2%	306.8%
Farah	456,624	22.4%	45.7%	0.0%	68.1%	0.0%	72.4%	56.5%	5.2%	28.9%	21.3%	24.4%	139.1%	140.0%
Badghis	325,915	30.4%	73.2%	0.0%	103.7%	0.0%	74.3%	83.4%	5.5%	18.3%	18.4%	35.7%	55.8%	92.5%
Ghor	471,549	0.0%	10.8%	0.0%	10.8%	0.0%	8.6%	0.0%	0.0%	3.4%	0.0%	0.0%	30.7%	0.0%
Sub-total	2,197,767	51.5%	55.6%	0.0%	107.1%	0.0%	67.2%	64.6%	12.0%	32.9%	29.2%	90.6%	150.5%	174.6%
Centeral Region														
Kabul	2,340,019	116.0%	0.0%	0.0%	116.0%	0.0%	77.7%	131.9%	19.0%	32.2%	33.9%	34.0%	52.2%	72.9%
Parwan	571,308	172.5%	0.0%	0.0%	172.5%	0.0%	77.0%	86.8%	17.0%	27.5%	39.2%	54.1%	54.5%	102.1%
Kapisa	482,391	77.8%	0.0%	0.0%	77.8%	0.0%	70.5%	88.9%	9.1%	29.2%	23.8%	36.2%	127.5%	56.0%
Logar	301,764	150.6%	43.0%	0.0%	193.6%	0.0%	23.9%	0.0%	25.8%	17.8%	0.0%	56.2%	71.1%	0.0%
Wardak	409,909	0.0%	64.6%	0.0%	64.6%	0.0%	46.2%	0.0%	0.0%	32.3%	0.0%	0.0%	64.2%	0.0%
Bamyan	374,608	15.0%	0.0%	0.0%	15.0%	0.0%	0.0%	0.0%	2.5%	0.0%	0.0%	7.9%	0.0%	0.0%
Sub-total	4,480,000	102.4%	8.8%	0.0%	111.2%	0.0%	63.8%	89.6%	15.0%	27.6%	25.3%	34.9%	55.6%	57.2%

Mass Immunization Campaign in Afghanistan
Coverage of the Eligible population in the 1st, 2nd and 3rd rounds

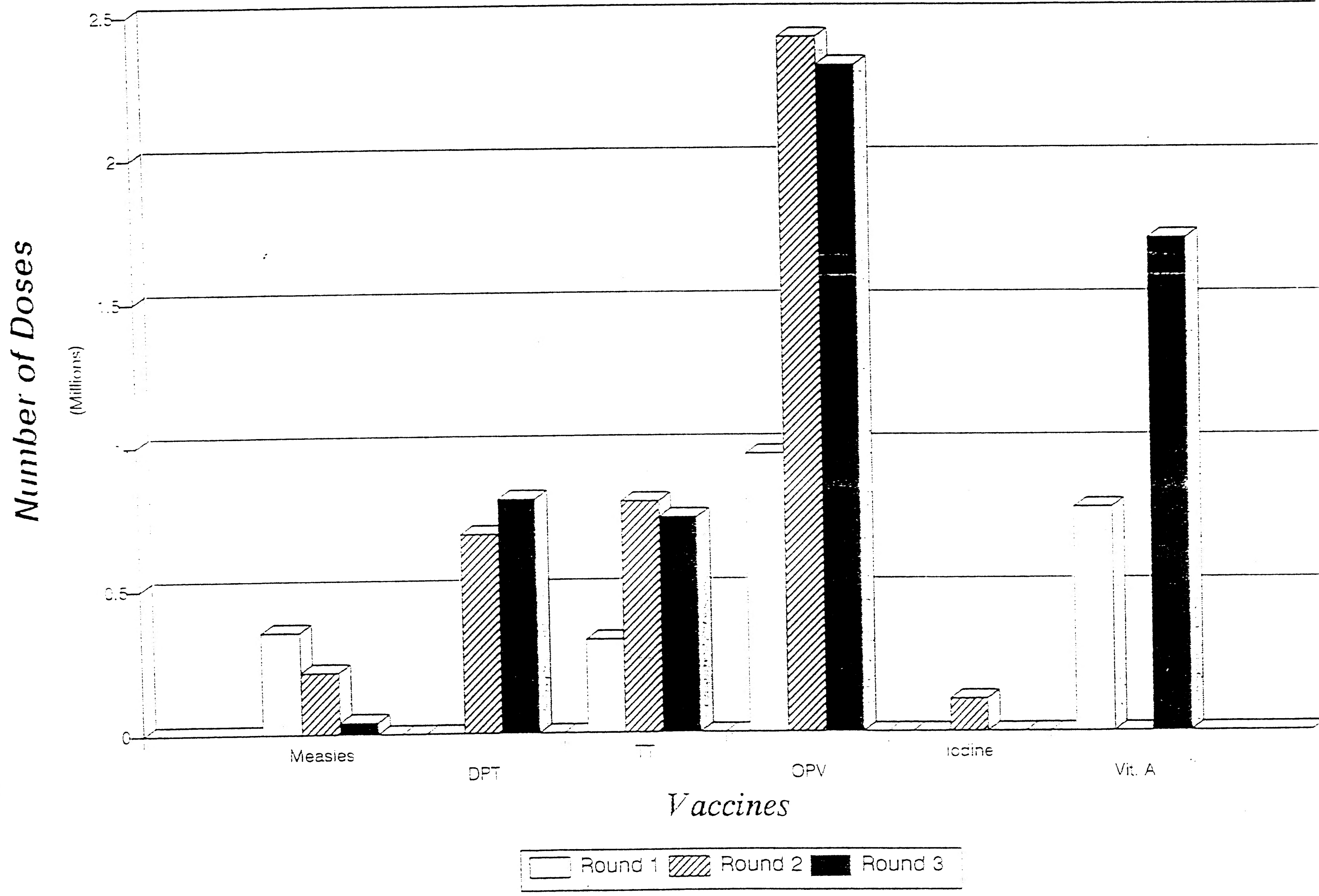
Antigen / Region	Total Population	Measles Coverage for 9-23 Months				DPT Coverage for 6 weeks-23 Months			TT Coverage for 15-44 yrs Women			OPV Coverage for under 5 children		
		Rnd1	Rnd2	Rnd3	Total	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3
Southern Region														
Kandahar	802.121	86.1%	80.6%	74.1%	240.8%	0.0%	74.7%	90.6%	13.9%	22.4%	25.6%	27.1%	66.1%	62.3%
Zabul	250.228	7.3%	110.0%	33.6%	150.9%	0.0%	50.0%	35.8%	3.0%	16.3%	11.8%	3.7%	49.5%	20.5%
Oruzgan	608.846	12.4%	54.0%	10.1%	76.5%	0.0%	20.8%	13.0%	0.7%	7.0%	12.4%	2.3%	38.3%	17.5%
Helmand	722.170	13.6%	35.6%	5.3%	54.4%	0.0%	24.9%	9.9%	1.4%	13.8%	10.2%	2.7%	23.3%	20.8%
Nimroz	144.581	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sub-total	2.527.948	34.9%	59.6%	30.8%	125.3%	0.0%	40.8%	38.2%	5.3%	14.3%	15.2%	10.3%	41.8%	32.0%
South Eastern Region														
Ghazni	879.593	30.7%	45.1%	0.0%	75.7%	0.0%	63.4%	43.3%	10.9%	32.8%	21.5%	13.1%	67.1%	69.2%
Paktya	674.396	23.4%	28.2%	0.0%	51.6%	0.0%	24.2%	26.6%	10.1%	24.0%	17.2%	9.5%	50.6%	89.9%
Paktika	341.421	0.0%	169.0%	1.7%	170.7%	0.0%	94.0%	171.6%	0.0%	14.3%	44.8%	0.0%	98.2%	88.0%
Sub-total	1.895.412	22.6%	61.4%	0.3%	84.3%	0.0%	55.0%	60.5%	8.7%	26.3%	24.2%	9.5%	66.8%	80.0%
North Eastern Region														
Badakhshan	693.957	39.5%	15.0%	0.0%	54.5%	0.0%	45.7%	67.1%	6.2%	20.9%	19.7%	9.8%	34.3%	50.7%
Baghlan	689.030	69.9%	133.0%	0.0%	202.9%	0.0%	65.3%	93.3%	8.6%	14.4%	16.7%	21.2%	73.2%	43.2%
Kunduz	774.894	0.0%	50.1%	50.1%	100.2%	0.0%	31.9%	31.9%	0.0%	7.5%	7.6%	0.0%	26.3%	26.3%
Takhar	727.892	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.9%	7.9%
Sub-total	2.885.773	26.2%	48.8%	13.4%	88.4%	0.0%	35.1%	47.0%	3.6%	10.5%	10.8%	7.4%	34.8%	31.6%
Total	18.619.806	62.4%	37.8%	7.1%	107.3%	0.0%	61.3%	72.0%	9.2%	23.0%	21.3%	31.0%	77.7%	74.5%

ANNEX C
ANNEX B (PAGE 3)

Mass Immunization Campaign in Afghanistan
Coverage of the Eligible population in the 1st, 2nd and 3rd rounds

Antigen	Total	Measles Coverage for 9-23 Months				DPT Coverage for 6 weeks-23 Months			TT Coverage for 15-44 yrs Women			OPV Coverage for under 5 children		
Region	Population	Rnd1	Rnd2	Rnd3	Total	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3	Rnd1	Rnd2	Rnd3
Eastern	1.823.217	16.1%	15.2%	8.6%	39.9%	0.0%	27.5%	16.9%	2.7%	9.5%	5.7%	34.6%	114.4%	94.2%
Northern	2.809.689	125.7%	38.2%	0.0%	164.0%	0.0%	108.5%	134.0%	11.5%	35.0%	33.4%	33.3%	87.5%	89.8%
Western	2.197.767	51.5%	55.6%	0.0%	107.1%	0.0%	87.2%	84.6%	12.0%	32.9%	29.2%	90.6%	180.5%	174.6%
Central	4.480.000	102.4%	8.8%	0.0%	111.2%	0.0%	63.8%	89.6%	15.0%	27.6%	25.3%	34.9%	58.6%	57.2%
Southern	2.527.948	34.9%	59.6%	30.8%	125.3%	0.0%	40.8%	38.2%	5.3%	14.3%	15.2%	10.3%	41.8%	32.0%
South Eastern	1.895.412	22.6%	61.4%	0.3%	84.3%	0.0%	55.0%	60.5%	8.7%	26.3%	24.2%	9.5%	66.8%	80.0%
North Eastern	2.885.773	26.2%	48.8%	13.4%	88.4%	0.0%	35.1%	47.0%	3.6%	10.5%	10.8%	7.4%	34.8%	31.6%
Total	18.619.806	62.4%	37.8%	7.1%	107.3%	0.0%	61.3%	72.0%	9.2%	23.0%	21.3%	31.0%	77.7%	74.5%

ANNEX C


Mass Immunization Compaign in AFG.
Results of the 1st, 2nd and 3rd rounds
Number of Doses
(Millions)
2.5
2
1.5
1
0.5
0
Measles
DPT
TT
OPV
Iodine
Vit. A
Vaccines
Round 1
Round 2
Round 3

Final 04.09.95 12:15

FINAL REPORT ON THE MASS IMMUNIZATION CAMPAIGN IN AFGHANISTAN

1. Introduction

After a successful first round, immunization has become one of the commodities most desired by every Afghan community. The planners and organizers of the Mass Immunization Campaign could not rest on their laurels for the second and third rounds, because they realized that the opportunity should not be lost to satisfy the new found, but justifiable demand for vaccinations. In view of the difficulty of overcoming the constraints to reach 965,000 children in just 120 districts for the first round, there were some concern that the manpower and cold chain could be doubled in time to reach two million children in 220 districts for the second and third rounds. However, the Ministry of Public Health supported by the World Health Organization and UNICEF courageously announced their goal of reaching two million children for the second and third rounds of the Campaign, and, through diligent united efforts by everyone involved, they surpassed this goal, reaching more than 2.3 million Afghan children (under five years) and about 740,000 women in child bearing age during the second and third rounds of the Campaign.

2. Background:

Until the phenomenal success of the first round of the Mass Immunization Campaign in Afghanistan, the Afghans had not been able to organize or support nation-wide immunization services for at least 20 years. Cases of polio and diphtheria were affecting a lot of children, and neonatal tetanus, pertussis, and measles claimed about 40% of the ongoing infant and child mortality rates. In 1994 a new regional framework for primary health care services was initiated by the Ministry of Public Health of Afghanistan in collaboration with the World Health Organization and UNICEF to rehabilitate the health care system. However, the ongoing conflicts in the capital and the countryside seemed to create overwhelming constraints to its implementation.

To stimulate the implementation of this new framework, to boost the level of immunization coverage of Afghan children, and to forge some days of tranquility and peace in the country, the Ministry of Public Health of Afghanistan with the support of World

Health Organization and UNICEF initiated a national mass immunization campaign to take place in three rounds. The first round in November 1994 showed widespread participation of the Afghan people and outstanding efforts and enthusiasm of the health workers, cessation of hostilities essentially for a two month period, and remarkable success in reaching almost one million Afghan children.

The social mobilization of the Afghan community for the first round of the Mass Immunization Campaign (MIC) was so effective that the areas which had not been reached sent out complaints to the Ministry of Public Health, to the Afghan leaders, and even to the international media that they had been missed in the first round. Thus, for the second and third rounds, the planners and organizers of the Campaign concerned themselves with how to expand from the provincial level to the district level and reach all corners of the country in order to fulfill the hopes and expectations of the Afghan people.

3. Preparation for the Second and Third Rounds of the MIC:

In January 1995 in Jalalabad, Afghanistan , an EPI workshop for Regional Public Health Directors of Afghanistan was held to review the first round of the Mass Immunization Campaign and to plan for the second and third rounds. H.E. Dr. S. M. A. Fatimie, the Minister of Public Health of Afghanistan and Dr. Faizullah Kakar, the Deputy Minister participated in this workshop along with EPI planning experts from Ministry of Public Health, World Health Organization, UNICEF and NGOs. The chief output of the workshop was the establishment of a National Steering Committee for the second and third rounds of Mass Immunization Campaign and four sub-committees. The sub-committees were for Manpower and Training, Social Mobilization, Logistics and Cold Chain, and Planning and Organization.

Fund raising efforts to procure supplies and support the operational costs of the second and third rounds began soon thereafter. On 14 February 1995 an EPI Coordination Meeting between WHO and UNICEF was held in Islamabad. During the next week all of the sub-committees met and established their work plans to present to the Steering Committee on 21 February 1995. For the next two months, the Steering Committee met weekly or more often to put in place the plans for the second and third rounds of the Campaign.

4. Objectives:

The objective for the second and third rounds were established as follows:

OPV - 90% of children under five years

Measles* - 80% of children aged 9 months to 23 months

DPT - 80% of children aged 1.5 months to 23 months

TT- All mothers or women who bring their children to the vaccination site.

Providing iodine oil drops to all women and children in 10 provinces at risk of iodine deficiency.

Providing Vitamin A to all children 6-59 months (100,000 IU for ages 6-12 months and 200,000 IU for ages 13-59 months).

(*Note that areas targeted with Measles vaccine during first round will not be targeted again in other rounds because only one dose of Measles vaccine is required for life-long protection.)

The Steering Committee announced that the second and third rounds of the Mass Immunization Campaign (MIC) in Afghanistan were aiming to reach two million children under age of five to immunize against polio, measles, diphtheria, pertussis and 500,000 mothers against tetanus. Oral iodine oil would be provided for mothers and children in iodine deficient areas to prevent stillbirths and mental retardation and other iodine deficiency disorders. Vitamin A would be provided to children under 5 years old during the third round to prevent blindness and reduce respiratory infections.

In addition, the Steering Committee expected that by the end of the second and third rounds at least 200 districts of Afghanistan would have capacity to carry out routine immunization programs and 100 more districts would have taken steps toward developing such capacity in 1995.

5. Planning and Organization:

The Planning Sub-committee met to decide the best way to expand the coverage of the Mass Immunization Campaign and at the same time improve the capacity of the routine immunization programme in Afghanistan. Three levels of organization were discussed. The regional and provincial level was the distribution point for the cold chain equipment, vaccines and supplies as well as the starting point for the manpower training.

At the district level, fixed centers such as hospitals or clinics were to be designated to become vaccine storage facilities for both the routine and campaign programmes and to provide injectable as well as oral vaccines during the Campaign. In large districts or where there were no fixed centers, Campaign posts were to be set up to deliver the same antigens during the Campaign and to be developed into fixed centers in the near future.

In rural areas, up to sixteen outreach posts were to be set up in the outlying villages of each district. These posts would provide only oral polio vaccine and the iodine oil or vitamin A supplements and would be open only a few days, depending on the population of the area, during the Campaign week. After the Campaign, the same village posts would be part of an outreach programme for routine vaccinations.

Another important decision of the Steering Committee was to support the rental or hiring of vehicles to transport the vaccines and vaccinators to the different sites within each district.

6. Implementation Strategy:

The National Steering Committee chaired by the MOPH with the participation of WHO, UNICEF and AVICEN was responsible for the planning and the policy decisions of the second and third rounds of the MIC. The Campaign was conducted in close collaboration with the Regional Public Health Directors of the Ministry of Public Health of Afghanistan in most areas. In the Southeast Region where there is no Regional MOPH Director, WHO and UNICEF were working closely with NGO's having health projects in those areas.

To communicate the planning and policy decision of the Steering Committee after their weekly meeting on Thursdays, the

minutes of the meeting were passed around on the following Sunday and then transmitted by sitor, FAX, or mail, pouch to all the regions of country and the NGO's involved. During the last month, before the second round of the MIC, representatives of IRC, SCA, and AVICEN joined the Steering Committee members during their weekly meetings. At the same time weekly meetings were being held with all interested NGO's at UNICEF to provide information and stimulate interest in the MIC.

Similar EPI Coordination Committees were established in all regions. Community leaders, shoora members, NGOs, WHO and UNICEF participated in these meetings.

7. Logistics:

One key issue in expansion of the routine programme of immunization as well as the Campaign programme was the cold chain capacity. After the first round of the Campaign, 18 out of 30 provinces and about 120 out of 328 districts had vaccine storage facilities, i.e. at least a functioning refrigerator and/or freezer. Much of the equipment is run on gas cylinders or kerosene, or if it is electric-powered, it also requires a gasoline powered electric generator to keep the vaccines cold when there is no electricity over the lines.

The twelve provinces without vaccine storage facilities (Ghor, Nimroz, Oruzgan, Zabul, Farah, Sarepul, Kunduz, Takhar, Paktika, Paktia, Khost, and Wardak) and 80 new districts were identified and targeted by the regional health authorities, and the Logistics Sub-committee set up a plan for the procurement and distribution of equipment and supplies to these areas. WHO facilitated the establishment of vaccine storage facilities in Oruzgan, Zabul and Farah. UNICEF sent a mission to Takhar and Kunduz to evaluate their needs and potentials. Three NGO's also helped; International Rescue Committee (IRC) developed a plan for Paktia and Khost, Swedish Committee for Afghanistan (SCA) set up facilities in Logar and Wardak, while AVICEN distributed and installed equipment in Paktika and districts of Ghazni and Bamyan. Ghor and Nimroz Provinces remained to be targeted for the third round.

In the week just before the second round of the Campaign, the Logistics Sub-committee faced great difficulties because of the large number of vaccines to be shipped by irregular and uncertain

methods in a short period of time and without sufficient back-up storage at the "pick-up" point in Peshawar. As during the first round, the governors in Mazar-i-sharif and Herat send military transport planes to pick up the supplies. Furthermore, the road permits to take supplies to Eastern, South-eastern and Central Regions always seemed to arrive a day late.

8. <u>Training:</u>

Due to the small number of trained vaccinators and EPI supervisors in Afghanistan, manpower development was the other key to expansion of the campaign coverage planned in the second and third rounds. The Training Sub-committee developed an in intensive 2-4 day course for health workers on an emergency basis to teach pharmacists, nurses, and others health workers who already had injection skills about the storage of vaccines and techniques of vaccine administration, and to refresh their training on sterile procedures of injection. They also developed a plan to stretch the available health manpower by recruiting volunteers such as mullahs, teachers and students. These volunteers were taught to give oral polio vaccine and supplement drops and to register the mothers and children who came for vaccination.

9. Manuals:

The Training Sub-committee worked day and night for several weeks to develop the curriculum and produced the manuals for short courses for orientation of supervisors and campaign trainers, for refresher training for vaccinators, and for training of volunteers. Then the regional trainers of WHO and UNICEF from Mazar-i-sharif, Kabul, Herat and Jalalabad gathered in Peshawar for a three-day training course for the second and third rounds of the MIC. Finally, on March 15, 1995, four Master Trainers set out in teams of two to Mazar-i-sharif, Herat, Kandahar, Faizabad, Ghazni, Jalalabad, Kabul and Bamyan.

10. Echo training:

The Master Trainers first oriented the health managers and EPI supervisors in each region about the objectives of the second and third rounds of the Mass Immunization Campaign. They taught the trainers what was necessary to teach the campaign vaccinators and volunteers. This part of training was termed "T.O.T." or " training

of trainers," it is the first part of the "echo" method of training where the training is passed down, or "echoed" to different levels. Through this method of training about 16153 health personnel, teachers, students and mullahs as volunteers in all regions of the country were oriented, refreshed or trained in the month remaining before the start of the second round of the Campaign.

11. Social Mobilization:

As during the first round , the most important country-wide method of communicating information about the campaign during the second and third rounds was the participation of BBC's radio drama called "New Home, New life" broadcasted stories emphasizing the importance of immunization. The World Health Organization was one of the co-funding agency of the BBC Afghan education drama project. The weeks before the Campaign started, BBC Pushtu Service, which is broadcasting primarily for Afghanistan, began announcements during their news programmes. The announcements were as follows (translated into English):

1. Afghanistan is united against diseases that kill children. The vaccination campaign reached nearly one million children and many of their mothers in November 1994. We must reach them again in April and May 1995 to strengthen their protection, and we must carry the campaign to new areas as well. Elders, leaders, mullahs, scholars, teachers, commanders, soldiers, traders and shopkeepers-all of your work is required to make the campaign a success. Please help to transport the vaccines and the vaccinators. Please help to organize the mothers and the children. Please help to ensure a peaceful environment for the campaign.

2. The first round of the campaign which was against deadly diseases ended successfully, thanks to your cooperation. In order to achieve the desired effect, it is necessary that the second and third rounds should also be attended. The second round will take place 29 April to 6 May 1994. Benefit from the campaign. Please send your children under age five and their mothers to vaccination posts so that their immunity against diseases is strengthened and their health is ensured.

In addition to these announcements, BBC Dari Service as well as BBC Pushtu Service aired interviews of the Minister of Public Health of Afghanistan and the Deputy Minister of Public Health.

These interviews discussed the goals of the Mass Immunization Campaign the week before it started. During the weeks of the Campaign, announcements and interviews marked the progress of the second and third rounds and discussed the importance of iodine supplementation.

Voice of America radio and local Afghan radio and television stations also used similar announcements and information broadcasts, some of which had been prepared by the Social Mobilization Sub-committee in advance, to stimulate interest and provide information about the campaign. Some programs and social mobilization announcements were prepared locally and broadcasted.

These oral methods of communication are especially important in Afghanistan where the estimated literacy rates are 30% for men and 3% for women. In view of this constraint the Sub-committee for Social Mobilization also considered carefully what massages were transmitted by the pictures on the campaign posters. Three massages were finally chosen for illustration: (1) Vaccination drops prevent polio. (2) All mothers should bring their children under five years of age to a vaccination post so they and their children can be immunized. (3) Vaccinations keep children and mothers healthy.

The Steering Committee also asked the Social Mobilization Sub-committee to consider how to use the opportunities provided by the campaign to communicate other health messages to the people, especially women. It was decided that as women waited for their turn at the campaign vaccination posts, one of the volunteers would show a Flip-chart with health messages about routine immunization and prevention and treatment of children's diarrhea. This idea did not work out on the first try, probably due to insufficient training of the volunteers and overcrowding at the vaccination sites. The regional EPI Steering Committee resolved this issue by deploying a "crowd control" person so that the health workers could deliver his health message smoothly.

Different regions of the country were successful in using different methods of communication for information about the Mass Immunization Campaign. Leaflets were dropped from helicopters during the National Day Parade in Herat while in Ghazni the leaflets were passed out at the bread bakeries. The imams at the Friday mosques in all the regions received a printed "Faa" or sermon about the importance of vaccinations for the health of the

people. In Kabul and other cities, loudspeakers installed on the cars traveling up and down the streets broadcasting the local times and places of vaccinations. In many villages, the loudspeakers on the mosques also called the people to the vaccination posts.

12. Monitoring and records:

Regional Steering Committees and Sub-Committees were also established to manage the different aspects of the Campaign, including the selection of sites for vaccination posts and the recruitment of personnel to be trained for these posts. Checklists of activities for each of the Sub-Committees were developed and used by the Steering Committee to monitor progress of the regions.

The Regional Steering Committees also monitored the organizational activities of the provinces and districts and, during the Campaign, the trained supervisors monitored the activities of the campaign vaccinators.

All vaccinations, both injectable and oral, and the supplements given were recorded on tally sheets. In addition, the mothers and children receiving injectable vaccines received vaccination cards. The tally sheets were used for reporting on the campaign while the cards were to be maintained as the personal record of the mother or child and brought back to the vaccination center whenever they returned for another vaccination.

13. Implementation and results:

The second round of the MIC was inaugurated in all major cities of Afghanistan on 29.04.1995.

While the third round of the Immunization Campaign started on 12.06.1995 and ended on 17.06.1995 in all over the country almost one month after the second round.3502 health EPI delivery points was established. This includes health centers, hospitals, schools, mosques, and other public buildings.

After the second round of the Campaign all the agencies were engaged intensively to distribute the supplies to different regions and provinces for the third round.

FINAL REPORT ON THE MASS IMMUNIZATION CAMPAIGN IN AFGHANISTAN

November 1994 and May/June 1995

WHO Office for Afghanistan
3rd September 1995